



CITY OF CAMBRIDGE

INSPECTIONAL SERVICES DEPARTMENT

831 Massachusetts Avenue, Cambridge, MA 02139

617-349-6100

The Undersigned hereby applies for a Permit to Build, Alter, or Repair any 1 or 2 FAMILY DWELLING in accordance with the Massachusetts State Building Code 780CMR. Application must be filled out COMPLETELY in ink.

Building Address _____

Building Owner _____ Phone# _____

Owner Address _____

Contractor _____

Contractor Address _____ Phone# _____

TYPE OF WORK:

New ____ Addition ____ Alteration ____ Repair ____ Roof ____ Siding ____ Other _____

ZONING INFORMATION (as defined in Article 4.30 of the Zoning Ordinance):

Current Use _____ Proposed Use _____ Zone _____ Map/Lot _____/_____

Has the structure been vacant/not used for 2 years? Yes ____ No ____

For Residential Use: # dwelling Units existing _____ # dwelling units proposed _____

Will the proposed work affect or change ANY part of the building exterior? Yes ____ No ____

If Yes, the following information may be required (refer to Article 5.0 and 6.0 of the Zoning Ordinance):

Lot Size : Width _____ Depth _____ Total Area _____

	Required	Existing	Proposed
Front Setback	_____	_____	_____
Side Setback	_____	_____	_____
Rear Setback	_____	_____	_____
Bldg Height	_____	_____	_____
Floor Area Ratio	_____	_____	_____
Useable Open Space	_____	_____	_____
Parking Spaces	_____	_____	_____

Certified Plot Plan: For new structures and additions, a certified plot plan is required to be submitted for approval after the foundation is poured and before further work commences.

DESCRIPTION OF WORK: (please include drawing in space provided)

Note: for additions over 100 sq. ft., proof of compliance with Appendix J Energy Conservation must be submitted

ESTIMATED COST OF CONSRUCTION

Building _____ Plumbing/Gas _____

Electric _____ HVAC _____

Total Estimated Cost of Construction _____

Total Construction costs include **all** work done concurrently with the work contemplated by the Building Permit including demolition, plumbing, heating, electrical, air conditioning, painting, wall to wall carpeting, landscaping, site improvements, etc. Furnishings and portable equipment are not part of the total construction cost. A final cost affidavit by the owner will be required at construction completion for all projects over \$100,000.

CITY OF CAMBRIDGE NOISE ORDINANCE

The undersigned as the Architect/Construction Supervisor/Owner for this proposed construction, do hereby certify awareness and knowledge of Chap 8.16 of the Cambridge Municipal Code concerning noise control.

I certify that necessary actions will be taken concerning the design, specification of, and location of noise producing equipment: e.g., air conditioning condensers, heating equipment exhausts, etc., to insure that this project will not result in noise levels that exceed that allowed by the Municipal Code.

Name _____ Title _____

Applicant Signature _____ Registration/License # _____

Please note that separate Mechanical Permits are required for installation of all mechanical systems.

Read Before Signing: The undersigned hereby certifies that he/she has read and examined this application and that the proposed work subject to the provisions of the Massachusetts State Building Code and other applicable laws and ordinances is accurately represented in the statements made in this application and that the work shall be carried out in accordance with the foregoing statements and in compliance with the provisions of law and ordinance in force on the date of this application to the best of his/her ability.

Hold Harmless Clause: The Permittee(s) by acceptance of this permit agree(s) to indemnify and hold harmless the City of Cambridge, and its employees, from and against any and all claims, demands and actions for damages resulting from operations under this permit, regardless of negligence of the City of Cambridge, and its employees, are to assume the defense of the City of Cambridge, and its employees, against all claims, demands and actions.

Licensed Construction Supervisor

Name _____ Phone # _____

Address _____ Cell Phone # _____

License Number _____ Expiration Date _____ Class _____

Signature _____ Date _____

Email Address _____

Registered Home Improvement Contractor (if applicable)

Name _____ Phone # _____

Firm Name _____ Cell Phone # _____

Address _____

Registration Number _____ Expiration Date _____

Signature _____ Date _____

Please note: all work over \$1000 requires a written contract between the Owner and the Contractor.

Notice is hereby given that Owners obtaining their own permit, or dealing with unregistered contractors for applicable home improvement work, **do not** have access to the arbitration program or guaranty fund under MGL c.142A. Notwithstanding this notice, I hereby apply for a permit as the **owner** of the property.

Signature _____ Date _____

Building Owner of Record (Application must be signed by **OWNER** of Building)

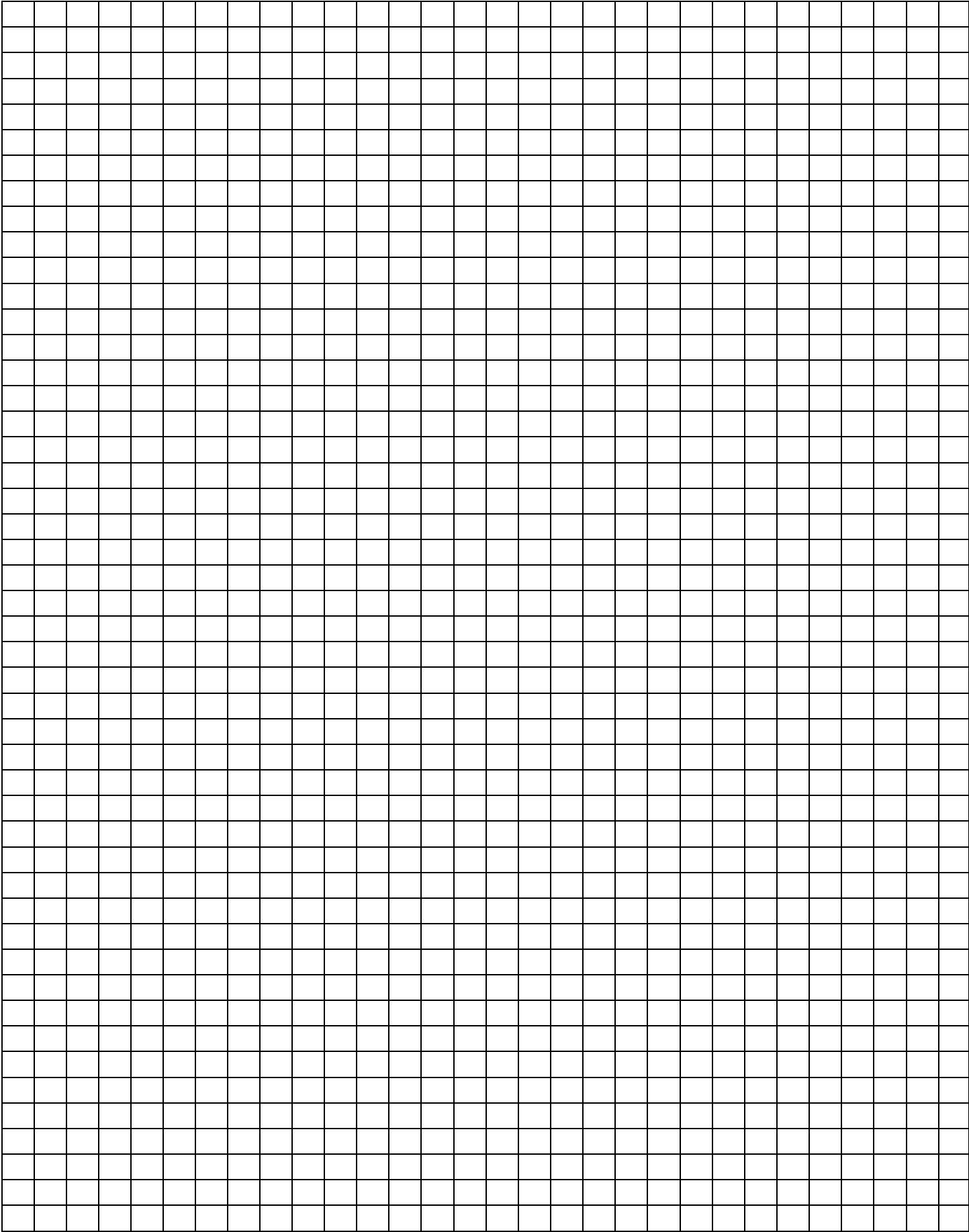
Name _____ Phone # _____

Address _____

Signature _____ Date _____

Email Address _____

PLAN OF CONSTRUCTION - For smaller projects, this space is provided for a drawing depicting the proposed work. Larger projects may require more comprehensive plans.



PERMIT NO.

FEE

MASSACHUSETTS GENERAL LAW REQUIREMENTS

Workers Compensation Insurance Affidavit (MGL c. 152 §25C96)

A Certificate of Insurance or a completed Workers Compensation Insurance Affidavit must be submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building Permit.

Signed Affidavit Attached Yes ____ No ____

Construction Debris Affidavit (MGL c 40 §54)

As result of the provisions of MGL c 40 §54, I acknowledge that as a condition of the Building Permit, all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed waste disposal facility, as defined by MGL c 111 §150A.

The debris will be disposed at/by _____

Type of container for Transportation _____

Signature _____ Date _____

I certify that I will notify the Building Official by _____ (two months maximum) of the location of the solid waste disposal facility where the debris resulting from said construction activity shall be disposed of, and I shall submit he appropriate form for attachment to the Building Permit

Signature _____ Date _____

OFFICIAL USE ONLY

Department Approvals

BZA _____	Date _____	Electrical _____	Date _____
Planning Board _____	Date _____	Plumbing _____	Date _____
Historic _____	Date _____	D.P.W. _____	Date _____
Fire Dept. _____	Date _____	Parking _____	Date _____

Application Approval

(Subject to the provisions of the Massachusetts State Building Code 780 CMR and the Zoning Laws of the City of Cambridge.)

Application and Plans Accepted By: _____ Bin _____ Date _____

Zoning Approved By: _____ Date _____

Plan Review Approved By: _____ Date _____

Permit Approved/Granted By: _____ Date _____

Inspection Record

_____ **Final Inspection Made**
Date _____ By: _____

Certified Foundation Plan submitted: Yes ____ No ____ Certificate of Occupancy issued: Yes ____ No ____

Final Cost Affidavit: Yes ____ No ____ General Contractor Final Affidavit: Yes ____ No ____

Architect Final Affidavit: Yes ____ No ____ Structural Engineer Final Affidavit: Yes ____ No ____